

Chief Complaint: “I have a really bad cold and cough” x 1 day

History of Present Illness:

R.A. is a 14 year old girl accompanied by her mother presenting with 2 days of cough, body aches and subjective fever. She states that 2 days ago she developed a cough associated with yellow phlegm. She denies blood in her cough. Pt states that she has not taken her temperature at home but has been experiencing chills and bouts of sweating and feels “feverish”. She admits nasal congestion that has worsened over the last two days. Pt also reports sore throat which began yesterday. Throat pain is not associated with swallowing. Pt rates pain 5/10. She admits decreased appetite over the last two days. Pt has been taking Tylenol and Motrin with minimal relief. She states that she has two brothers at home with similar symptoms. They both tested negative for Flu and Covid. Pt would like to be tested for Flu, Covid and Strep. Pt denies shortness of breath, chest pain, headache, dizziness, nausea, vomit, diarrhea.

Past Medical History:

Present illnesses – None

Past medical illnesses – None

At home Medications:

None reported

Allergies:

None

Review of Systems:

General – Denies loss of appetite, weight gain/loss, generalized fatigue, fever or chills, or night sweats.

Skin, hair, nails – Denies changes in texture, excessive dryness/sweating, moles/rashes, hyperpigmentation, pruritus or changes in hair distribution.

Head – Denies headaches, vertigo or head trauma.

Eyes – Denies recent vision changes, photophobia, pruritus.

Ears – Denies deafness, tinnitus.

Nose/sinuses – **Admits nasal discharge.** Denies obstruction or epistaxis.

Mouth/throat – **Admits sore throat.**

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion.

Pulmonary system – **Admits cough.** Denies dyspnea, orthopnea, wheezing, hemoptysis, cyanosis, or paroxysmal nocturnal dyspnea (PND).

Cardiovascular system – Denies chest pain, edema, syncope or known heart murmur.

Gastrointestinal system – **Admits change in appetite.** Denies epigastric pain, nausea, diarrhea, rectal bleeding, intolerance to specific foods, dysphagia, pyrosis, unusual flatulence or eructations, jaundice, hemorrhoids, constipation, hematemesis.

## **Physical**

General: 14 year old female appears well groomed, dressed appropriately for the weather, A&O x3, looking about her stated age of 14. Pt in no acute distress. Ambulates independently.

### Vital Signs:

BP: Seated: 106/69  
HR: 102 BPM  
R: 18 min unlabored  
T: 100.5F (forehead)  
O2 Sat: 98% Room air

### **Physical Exam:**

Skin: Non diaphoretic. Warm and moist, with good turgor. Nonicteric, no erythema, pigmentation, lesions, unhealed scars, or tattoos.

Head: Normocephalic, atraumatic, non tender to palpation throughout. No swelling noted.

Ears: Symmetrical and appropriate in size. No lesions, scars, scabs, erythema or tenderness present. Ear canal nonerythematous, no masses, foreign bodies present. Cone of light, tympanic membrane noted.

**Nose: Nasal mucosa pink with clear discharge noted. Septum midline.**

**Sinuses: Sinuses nontender to palpation.**

Lips: Pink, moist, and well hydrated.

**Oropharynx: No masses, lesions, foreign bodies. Tonsils present with mild erythema. No exudates noted.**

Uvula: pink, no edema.

Chest: Symmetrical, no deformities, no trauma. Respirations unlabored.

Lungs: Chest expansion symmetrical. Normal breath sounds throughout. No wheezing noted.

Heart: No JVP present. Regular rate, regular rhythm. S1 and S2 are distinct with no murmurs, S3 or S4.

Abdomen: Nontender and nondistended with no striae or pulsations noted. No CVA tenderness appreciated. Normoactive bowel sounds present.

**Assessment:**

14 year old female presents with complaints of symptoms consistent with Flu vs Covid vs Strep. Rapid Flu, Covid, Strep completed in office. Rapid Covid was positive, Flu and Strep negative. Pt advised to continue supportive treatment such as Tylenol, Motrin and hydration. Informed that there are no longer official restrictions and pt should return to school after a 24-hour fever free period. Pt recommended to follow up with CUC or present to ER if symptoms worsen.